



**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF PHARMACY**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying:

EXAMINATION -

RECENT GRADUATE

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or a Sworn Affidavit
- ☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- ☐ **Certificate of Graduation** – Recent College Graduates Only
- ☐ Education and Training Supplemental Form
- ☐ Official Transcript
- ☐ \$215 for Application and License Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.

RE-EXAM

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if application.
- ☐ \$65 for Application Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.

SCORE TRANSFER

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or a Sworn Affidavit
- ☐ Name Change Document (Marriage Certificate, Divorce Decree, Court Order) if applicable.
- ☐ NABP Score Transfer

RECIPROCITY

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or a Sworn Affidavit
- ☐ Name Change Documents
- ☐ NABP Licensure Transfer Form (Letter of Good Standing)
- ☐ \$215 for Application and License Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.

OTHER

Checklist of Supporting Documents required

- ☐ A complete signed application for DC License.
- ☐ Two (2) recent passport photos (2" X 2")
- ☐ Social Security Number or a Sworn Affidavit
- ☐ Name Change Documents
- ☐ Official Transcript
- ☐ Pharmacy Intern Preceptor Form
- ☐ \$189 for Application and License Fee must be in the form of Check, Money order or Certified Check Payable to Promissor, Inc.